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Application Number	10/520,016
Filing Date	12/29/2004
First Named Inventor	OKADA, Hidechika
Title	Human IgM Antibody Lysing ...
Art Unit	
Examiner Name	
Attorney Docket Number	3348/2

I hereby revoke all previous powers of attorney given in the above-identified application.

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Hidechika Okada</i>	Date	Sep 16, 2005
Name	Hidechika Okada	Telephone	704-375-9249
Title and Company	Applicant/Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 2 forms are submitted.

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**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Hidechika Okada</i>	Date	Sep 16, 2005
Name	Nofiko Okada	Telephone	704-375-9249
Title and Company	Applicant/Inventor		

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